



SAHPER1000062



SURGICAL SAFETY CHECKLIST

(MR-87)

Affix patient identification label in this box

UR Number:

Surname:

Given name:

Second given name:

D.O.B:/...../..... Sex:

Hospital/Site:

The operating surgeon/proceduralist is responsible for ensuring this checklist is completed. A member of the surgical/procedural team reads out and records the checks as discussed and verified by the team.

PART 1. PRE-INDUCTION – ‘SIGN IN’ CHECK

At least two members of the surgical/procedural team (anaesthetic/sedation staff if required for procedure)

Verbally confirm (ask patient when possible):	Yes (tick✓)
Patient identity - name, DOB and MRN	
Procedure	
Consent - signed	
Pulse oximeter on patient	
Site - correct side, level or digit and marking clear	N/A <input type="checkbox"/>
All known allergies and/or alerts recorded	Unknown <input type="checkbox"/>
Anaesthesia safety/verification checks completed	N/A <input type="checkbox"/>
Airway management discussed	

PART 2. PRE-INCISION – PROCEDURAL ‘TEAM TIME OUT’ CHECK

During this verbalised pause, ALL theatre attendees MUST STOP activities and participate in the Team Time Out check. Any concerns or inconsistencies must be raised with the surgeon/proceduralist before proceeding to skin incision.

Verbally confirm:	Yes (tick✓)
All team members present - introduced and/or names and roles displayed	
Cross check against consent and confirm - correct patient, procedure, and site/side.	
Surgeon/proceduralist confirms the plan and any critical or non-routine steps.	
Expected duration discussed	
Treatment limitations known and understood	Unknown <input type="checkbox"/>
Antibiotic prophylaxis given in the previous 60 minutes	N/A <input type="checkbox"/>
Anticoagulant/Antiplatelet stopped? No <input type="checkbox"/>	N/A <input type="checkbox"/>
Blood available for transfusion if loss anticipated > 500mLs (7mL/kg in children)	N/A <input type="checkbox"/>
Prosthesis and required equipment, including essential imaging is available	N/A <input type="checkbox"/>
Thrombo-prophylaxis arranged	Stockings <input type="checkbox"/> Compression device on <input type="checkbox"/> Pharmacological <input type="checkbox"/> N/A <input type="checkbox"/>
Anaesthetic, nursing, technical and imaging team reviews complete (where present)	

PART 3. POST PROCEDURE – ‘SIGN OUT’ CHECK

Before the surgeon/proceduralist and patient leave the operating room.

Verbally confirm with the team and record:	Yes (tick✓)
Name of procedure performed	
Perioperative counts correct	N/A <input type="checkbox"/>
Specimens labelled correctly	N/A <input type="checkbox"/>
Post-op recovery and management discussed and recorded	
Equipment issues to be addressed	Detail <input type="checkbox"/> N/A <input type="checkbox"/>

CHECKLIST COMPLETED

Full name (Please print): _____ Designation (Please print): _____

Signature: _____ Date: _____ Time: _____

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SA Health
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